

REPORT OF A THOROUGH EXAMINATION OF LIFTING EQUIPMENT

This report complies with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998

Date of thorough examination:	Date of report:	Report number:
-------------------------------	-----------------	----------------

Name and address of employer for whom the thorough examination was made:	Address of premises at which the examination was made:
--	--

Description and identification of the equipment:	Safe working load(s):	Date of manufacture if known:	Date of last thorough examination:
--	-----------------------	-------------------------------	------------------------------------

Is this the first examination after installation or after assembly at a new site or location? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the examination carried out: within an interval of 6 months? YES <input type="checkbox"/> NO <input type="checkbox"/> within an interval of 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/> in accordance with an examination scheme? YES <input type="checkbox"/> NO <input type="checkbox"/> after the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES, has the equipment been installed correctly? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: (If none state NONE)

Is the above a defect which is of immediate danger to persons? YES NO

Is the above a defect which is not yet but could become a danger to persons? (If YES state the date by when) YES by: NO

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

Particulars of any tests carried out as part of the examination: (If none state NONE)

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

Name of the person making this report:	Name of the person authenticating this report: Signature:	Latest date by which next thorough examination must be carried out:
--	--	---

Name and address of employer of persons making and authenticating this report:

XYZ Lifting Equipment Co Ltd, Any Street, Any Town, Any County